

Cheshire West and Chester Council

Leftwich Community Support Centre

Inspection report

Old Hall Road
Leftwich Green
Northwich
Cheshire
CW9 8BE

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Leftwich Community Support Centre on the 18 July 2016.

Leftwich Community Support Centre is a short stay and respite service, where people stay for a short period of time and do not live there permanently. They are registered to provide accommodation for persons who require nursing or personal care for up to 31 people. On the day of our visit, 20 people were staying at Leftwich.

The home is situated in its own grounds in a residential area of Leftwich, close to Northwich town centre.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Records were not always consistently completed. These related to documents relating to consent, risk assessments and fluid charts. This demonstrated a potential flaw in the auditing of records which could have posed a risk to the wellbeing of people.

People told us they felt safe staying at Leftwich and were happy with the service they were provided with. They told us they felt cared about and were positive about the approach of the staff team.

Medication was well managed and promoted the health of people who used the service

People lived in an environment that was clean and hygienic. The environment was designed to enable people to move independently and remain safe.

The registered provider demonstrated that staff received up to date training on topics which related to the needs of people.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and associated safeguards.

We made a recommendation at our last visit about the activities programme. On that occasion we saw that there were no planned activities in place. We saw that improvements had been made with people who used the service telling us that there were planned activities in place which they could pursue if they wanted to. We saw evidence of a weekly activities programme as well as photographs of key events that had happened in Leftwich during the year.

Care plans were available and outlined each person's health and social needs. Care plans were reviewed regularly.

People did not have any complaints but were aware of who to speak with if the need arose. A complaints procedure was in place and where complaints had been made; there was evidence that these had been investigated fully.

Our last visit noted that while a registered manager was in place, they were not in day to day control of the service. We concluded that the service was not well led as a result. Since our last visit, a new manager had been appointed. This person was also the nominated individual. Given this, a new manager had been appointed from within the service yet had yet to make an application with us to become registered. This new manager was working alongside the current registered manager. The staff team were complimentary about the management team and considered that the service was well led. Improvements made since our last visit indicated that the management team had taken their regulatory responsibilities into account.

The current registered manager undertook audits of medication, health and safety issues and care plans. The views of people were sought through a questionnaire. The results of these were available and indicated a positive view of the service that people had received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe staying at Leftwich.

Staff demonstrated an understanding of the types of potential abuse and how to deal with such incidents.

The premises were well maintained and clean.

Is the service effective?

Good ●

The service was effective.

Staff received training relevant to their role and applied this training to their practice.

The registered provider put the Mental Capacity Act 2005 and associated safeguards into place where appropriate. Staff had an understanding of the Mental Capacity Act 2005.

The nutritional needs of people were taken into account although a recommendation was raised in respect of fluid intake and output records being kept.

Is the service caring?

Good ●

The service was caring

People told us that staff cared about them.

People told us that they felt their privacy was always respected and that they were treated in a dignified manner.

People were given full information about their care.

The health needs of people were promoted.

Is the service responsive?

Good ●

The service was responsive.

Care plans included details of how the health and social needs of people were to be promoted.

Care plans were reviewed on a regular basis.

The provision of activities had much improved since our last visit.

Complaints were investigated in a robust manner.

Is the service well-led?

The service was not always well-led.

Records were not maintained consistently.

The staff team considered the management team to be approachable and supportive.

The management team took account of their regulatory responsibilities and assessed the quality of the support provided.

Requires Improvement ●

Leftwich Community Support Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by a team of two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned to us when we asked and we used this information in the planning of this inspection.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at three care plans and other records such as five staff recruitment files, training records, policies and procedures, quality assurance audits and complaints files.

We spoke with the Local Authority Commissioning Team and the Local Authority Safeguarding Team. They had no concerns about the service.

We checked to see if a Healthwatch visit had taken place. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. Healthwatch had not visited Leftwich.

We spoke to three people who used the service, one visitor and three members of staff. We also spoke to a

visiting professional. We spoke with the Registered Manager as well as the new manager who intended to apply for registration with us to become the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We toured the premises. This was done to ensure that standards of hygiene and decoration were being maintained.

Is the service safe?

Our findings

People who used the service and their relatives told us that they felt safe staying at Leftwich. They told us "I feel safe here and they look after me", "My relation is safe here" and "Yes I feel very safe". One person told us that they had had a health issue and that staff were available to take care of them and they felt safe as a result. People told us that they considered that there were enough staff on duty at all times and that the building was very clean and well maintained.

Staff provided a clear understanding of the types of potential abuse and the action that could be taken in order to report any incidents. They had all the information they required to do this through safeguarding policies and procedures. Staff had an understanding of which agencies they could refer to if they had any concerns about provider practice. Information on whistleblowing was available to staff. Staff confirmed they had received training in safeguarding. We contacted the Local Authority Safeguarding team who had no concerns about the service. Any safeguarding concerns that are considered to be "low level" in seriousness were always provided to the safeguarding team on a monthly basis. Low level concerns are those which fall below the safeguarding thresholds and are therefore recorded as such. Our records indicated that the service had reported five safeguarding concerns over the past 12 months and these were all actioned appropriately.

Staff rotas were available to confirm that there were sufficient care and management staff on duty as well as other ancillary staff. Staff were always available throughout our visit to meet the needs of people in a timely manner.

Staff recruitment files demonstrated that appropriate checks had been undertaken to determine the suitability of people to work at Leftwich. There was information to confirm the identity of people, their physical fitness for the role as well as application forms outlining their experience. Interview notes were also available. Disclosure and Barring checks had been obtained (known as DBS) to check if people had been convicted of offences which would affect their suitability to work there. References were in place. One file contained two references from the same employers who operate Leftwich. We discussed this with the RM and it was agreed that that best practice would be to obtain references from different sources. While the presence of two references met our regulations, the process should have been more robust in this instance.

The premises were clean and hygienic with no offensive odours noted. Domestic staff were employed and were seen systematically attending to their tasks throughout the visit. Audits were in place confirming when key areas such as toilets and bathrooms had been attended to that day. The premises were in a good state of decoration with efforts made to make the environment as homelike as possible while people stayed there.

Records confirmed that the risks faced by individuals from the environment had been taken into account. Risk assessments were up to date and had been reviewed. Equipment within the service had received safety checks. Information about the safety of the electrical hard wiring and legionella testing was made available to us subsequent to the inspection and these confirmed that systems were safe. Checks to fire detection and

firefighting equipment had been undertaken regularly and information was in place for the action needed by staff to safely evacuate people from the building. These emergency plans were personalised and took each person's mobility needs into account.

When accidents occurred, records demonstrated that appropriate checks and action had been taken to ensure the wellbeing of people. Records enabled staff to identify any patterns to accidents and take remedial action where needed such as referral to health professionals.

Medication was safely stored in purpose built lockable cabinets located in each person's bedroom. Controlled drugs had also been prescribed to individuals and these were kept in a locked cupboard. These are prescription medicines which are controlled under the Misuse of Drugs Act 1971. Controlled drugs had an accompanying register so that stocks could be accounted for and these were recorded appropriately. Other medicines that required cooler storage were placed in a refrigerator with temperatures monitored during the day.

We observed the administration of medication during lunchtime. The person who was administering the medication wore an apron indicating that they were not to be disturbed during this task. Administration of medication was done in a safe manner with attention paid to giving people as much information as to the medicines given and their purpose. People were asked if they required painkillers as prescribed. One person required these and staff asked the individual whether these had continued to be of benefit to the person concerned. Staff administered a mouth gel to one person and provided advice to them not to have any hot drinks for ten minutes to reduce discomfort. People received medication in a dignified and informative manner.

Medication Administration Record sheets (known as MARs) were appropriately signed with reference made to the numbers of medicines received as each person came to stay in Leftwich. Staff told us that they had received medication training and that their competency was checked to ensure that their practice was safe. If any general issues concerning administration had occurred within the service, the registered manager carried out extra checks to make sure that administration was safe.

Medication was audited on a regular basis by the registered manager. Records for July 2016 were available and showed that medication had been signed for appropriately as well as checking that stocks of medication were sufficient for each person. Where issues had been identified, there was evidence that these were acted upon. A medication policy was in place and available to the staff

Is the service effective?

Our findings

People told us "The choice of food is very good, food and drinks are available anytime", "Meals are lovely" and "We get a choice at mealtimes".

The way in which the service promoted the nutrition of people was reviewed. We observed the lunchtime meal experience. There was a relaxed and friendly atmosphere during the meal. People talked to each other and the staff team interacted with them well. Staff checked throughout the meal that people had had enough to eat and on the quality of the food provided. We saw that those people who had special diets, for example diabetic diets, were given alternatives. Menus were on display outlining those meals that were on offer that day.

The kitchen was a well-equipped facility and clean. A cleaning schedule was in place as well as temperatures checked to storage facilities such as freezers and fridges and records reflecting the temperatures of hot meals before they were served. Food stocks in freezers and refrigerators were sufficient and there was evidence of kitchen staff preparing food in advance. Fresh fruit and vegetables were also available. Information was available in the kitchen regarding what meals people had chosen in advance and details of alternative choices made. Information was also available indicating those people who had special dietary needs as well as those who required softer diets so that they could eat without the risk of choking.

Care plans included details of special diets that people had and the degree to which they required help to maintain their nutrition. Assessments outlining the risk people faced from malnutrition were in place and reviewed regularly. Where more staff intervention was needed, people were weighed more regularly or attention paid to restricting fluids to a daily limit to reflect an underlying health need. There was evidence that in some cases, advice had been sought from dieticians.

Fluid intake charts indicated the amount of fluids that people had received during the day. The fluid charts had not been added up and no evidence that the urine output of people had been measured. Separate records were available indicating urinary output but records were not coherent and were in need of revising so that staff could identify those at risk of dehydration. Staff were able to give an account of how fluids intake and output were measured and how this would be reported to senior members of staff. Senior members of staff were able to confirm this system.

We recommend that the service makes its recording system of fluid input and output more coherent so that the risks to people's health of potential dehydration are identified in a timely manner.

Staff confirmed that they received supervision. Supervision involved individual sessions with their line manager to assess progress in their role. In addition to this group supervisions were held with different staff teams, for example care staff, senior staff and ancillary staff. Staff confirmed that they had their performance appraised twice a year.

Induction for new staff followed a structured process. This included conditions of employment, information about the provider and health and safety considerations. Each induction form was signed and dated by the new member of staff. In addition to this, all new staff had completed the Care Certificate for new staff. The Care Certificate is provided by the Skills for Care organisation and is the start of the career journey for staff and is only one element of the training and education that will make them ready to practice.

A training matrix was available which indicated what training staff had received. This included manual handling, fire safety, safeguarding and infection control. Further training had been provided in the Mental Capacity Act 2005. The matrix showed that some updates were required by staff and the registered manager told us that this was in hand. Staff confirmed the training they had received and were able to give an account of what they had learnt from their training, particularly in respect of safeguarding and the Mental Capacity Act 2005.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the MCA 2005 and the associated DoLS, with the management team. The nature of the service as a temporary placement for rehabilitation is such that mental capacity assessments are not always needed or had been introduced elsewhere. A mental capacity authorisation had been granted in advance for one person who was due to stay at the service later in the month. The authorisation was only valid on the proposed day of their admission and this provided evidence of a proactive approach to people's best interests.

Staff demonstrated knowledge of the Mental Capacity Act 2005. They explained that people were assumed to have capacity in the first instance and that a least restrictive approach should be used. They also confirmed that they had received training in this subject.

Consent was gained from people in a number of ways. Evidence was available in care plans to suggest that people signed to agree to their care plans and to risk assessments that had been drawn up in terms of personal safety and consent to assist in personal care. Photographs of people had only been taken once consent had been obtained.

The building was designed to promote the mobility of people who used the service. Accommodation was available on two floors. Access to upper floors was available by a passenger lift. People were observed being able to access all parts of the building regardless of whether they used mobility aids or not.

Is the service caring?

Our findings

People told us "I feel that staff know me well", "Staff are lovely, patient and kind" and "They look after me well here". People told us that they felt that the staff team were very good at their job, they felt looked after and that they were treated with dignity and respect at all times. People commented on how their health needs were responded to. One told us that they had had a health issue and that staff had responded quickly to it. Other people told us that they had seen a doctor when they needed to. A relative told us that they always received information about their relation.

Staff interactions with people were positive and friendly. Attention was paid to involving people in their care and providing explanations as to why staff were assisting people. People were observed being treated in a dignified and respectful manner at all times. Attention was paid by the staff team to the privacy of each person as seen by staff knocking on bedroom doors and entering when invited.

Records were available suggesting that people had their health needs met when required. Doctors and other health professionals were involved in the support of people. Daily records showed that when health needs arose, steps were taken by the staff team to refer people to the appropriate health professional. Assessment information suggested that some people were admitted with pressure sores. In these instances, district nurses visited to treat people and there was evidence that progress made was provided to the staff team.

Assessment information and care plans suggested when people required extra support from external advocates. When needed advocates from specialist organisations were involved with people to deal with needs they had while staying in Leftwich as well as in dealing with other external issues such as future accommodation needs.

The rehabilitation nature of the service was such that the independence of people was taken into account. Staff encouraged people to mobilise independently through the building. Information was given to people either verbally or through documents. Examples of verbal information included practical details, for example, about mealtimes. Other information was given about the medication that people were being offered and their purpose. Written information was in place in respect of activities, Leftwich's statement of purpose and menus.

Is the service responsive?

Our findings

People told us "I know who to speak to if I have any concerns" and "I have not had to make a complaint but would speak to the staff or family member". Further comments included "All my needs are met" and "I can go to bed when I want". People told us that staff were responsive to answering call bells and that their personal routines were respected by the staff team. This was evidenced through times when people could go to bed and rise as well as whether they wanted to be involved in activities or not.

We made a recommendation at our last visit after we found that there was no activities programme in place. This visit found that the provision of activities had improved and that there were more things for people to do during the day. People commented specifically that there was plenty to do during the day and had the choice to pursue them if they wished. An activities programme had been devised for each week and this was on prominent display in a communal area. A photograph album was available showing activities such as arts and crafts and celebrating key days in the year. A monthly newsletter was made available to people providing information about activities that had taken place and people who had been involved in them. The registered manager told us that the activities programme had become part of the culture of the work carried out at Leftwich and that staff had taken on this role with enthusiasm.

All care plans were kept in people's bedrooms. This meant that individuals were able to access their plan of care while they were staying in Leftwich. People told us that they had seen their care plan. Care plans included an initial assessment of people's needs. These assessments suggested that at the time of our visit, no one had been admitted with needs that could not be met by the staff team. Assessments included a summary of the main health and social needs of people and this information was transferred to the plan of care. A pen picture provided an individual summary of people's needs as well as specific interests that they had. Care plans reflected the initial need why people had come to receive short term support in Leftwich and as a result care plans were person centred.

Care plans were clearly written with evidence of review. Care plans were supported by daily records which provided an account of the progress of individuals during each day. Daily records provided evidence that significant others involved in their support had been contacted to ensure that their needs would be met. Records also evidenced how the staff team had taken steps to ensure that people had settled in for their stay. Handover sheets were available which provided an account of the main needs of people and any staff interventions needed that day to ensure that needs could continue to be met. Further documentation provided evidence of checks made on individuals at night.

Care plans demonstrated that other social needs had been taken into account. Part of care plans focussed on social isolation and the risks faced by people that they could become socially isolated both within the service and in their lives at home. Extra external support agencies such as advocates and members of a national support group had been brought in for such individuals and care practice made reference to ensuring that people did not feel isolated while staying at Leftwich.

Interactions between staff and people who used the service demonstrated the choice that they were given.

Staff made suggestions to people relating to their physical comfort (through the offering of pain relief medication), activities and meals on offer.

A complaints procedure was available. This contained information on how to make a complaint, who to make it to and other agencies that could be referred to. The procedure included a reference to timescales that could be expected in the investigation of any complaints.

Complaints records were available and three complaints had been received within the past twelve months. Records included the nature of the complaint and whether each one had been substantiated or otherwise. People told us that while they had not had to make a complaint, they knew how any concerns could be reported. No complaints or concerns about the quality of care provided had been received by us within the twelve months prior to our visit.

Is the service well-led?

Our findings

People told us "It is a very good service", "I think it is well led and well managed" and "It is excellent". People's comments related to the quality of the support they received and this provided a reflection of the management of the service. Other comments included "It's like being on holiday", "I can't fault it here" and "I can visit whenever I want". Staff considered the management team to be supportive, approachable and stated that the management of the service had improved.

Our last visit to the service in April 2015 concluded that the service required improvement. It is a requirement that providers put the rating on display. While a summary of the last inspection was on display with reference to the rating, the specific document that is required to be displayed was not available. The registered manager was advised about this and the appropriate document was made available and was on display by the end of our visit.

The majority of records were accurate and up to date. There were instances where not all records had been consistently completed although there was no evidence that this had had an adverse impact on people. Out of the three care plans we looked at, one initial manual handling assessment had not been completed. In two care plans, consent had been gained from the individual in respect of the contents of their care plan. In the other instance, the person had been unable to sign yet no record was made to suggest that the person had been consulted verbally. One risk assessment relating to pressure sores had not been completed fully. This indicated that the auditing of these records was not thorough as these had not been identified in the audits and further work was needed by the management team to avoid putting people at risk.

Our last visit to the service also identified that while a registered manager was in post, the person was not in day to day control of the service. Since our visit, a new registered manager had been put into place and was in day to day control of managing the service. The registered manager was also the nominated individual. This was recognised and a new manager had been appointed and was to take over full control of managing the service in the near future. The manager was advised that registration with the Care Quality Commission would be required.

Our records indicated that the provider always informed us of any incidents that had occurred as required by law. We had been told about these in a timely manner.

A series of audits had been completed by the registered manager so that the quality of care could be assessed. These audits included health and safety, infection control, medication and care plans etc. Where issues needed to be addressed, there was a clear action plan available. A process was in place for gaining the views of people who had used the service and were given the opportunity to comment on their experience. Questionnaires were given to people when they were coming to the end of their stay at Leftwich. Comments for 2015 were positive and showed no areas of concern. The questionnaire covered all aspects of the support people had been given from food, environment, staff approach and their general views.

The registered provider had produced a team plan for the forthcoming year. This outlined the purpose of the service, future aims and how these aims were to take the health and wellbeing of people, respecting people who used the service and maintaining staff knowledge through training.